

Third Party Administrator (TPA) Application for Certificate of Authority



This symbol indicates that additional documentation may be required.

On each attachment, enter name of TPA and Tax ID number (FEIN) in upper right corner.

Name of TPA

Fax number

Toll free phone number

Address of TPA principal administrative office is
(must include street address)

TPA Tax ID number (FEIN)

Number, street and floor or suite number

PO Box

City

State

Zip

Address of TPA's primary office in Michigan is
(must include street address)

check if

☐ Same as above

☐ No Michigan office

Number, street and floor or suite number

PO Box

City

State

Zip

MI

Contact person's name and title

Contact person's EMail address

Contact person's phone

TPA state of Domicile:

☐ Michigan

☐ Other: _____



If other, attach form FIS 0860 "Consent to Service- Third Party Administrator"

List any other name under which you do business



If any, attach copy of Assumed Name or dba filing

TPA is organized as the following type of business:

☐ Corporation

☐ Limited Liability Company (LLC)

☐ Limited Liability Partnership (LLP)

☐ Partnership

☐ Sole Proprietorship



Attach each applicable item:
(document copies must be certified by state of domicile)

Copy of Articles of Incorporation (if incorporated)

Copy of Articles of Organization, Partnership Agreement or business license filing, etc. (if not incorporated)

Identify each of the following in relation to the applicant TPA: Attach additional list if necessary

- ▶ ALL officers of the corporation, partners, or sole proprietor
- ▶ ALL stockholders of 10% or more
- ▶ ALL members of the Board of Directors of the corporation including Board of Trustees, Executive Committee, and any other governing body

Name	Title

Name	Title



Each person listed above and each corporate stockholder of 10% or more must complete and attach form FIS 0862 "Third Party Administrator Affiliation Statement."



Attach an organization chart showing management hierarchy. Include all officers on chart. Label positions with title/function and name of person holding position.



Michigan Department of Labor & Economic Growth

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1a. Is the TPA a subsidiary of a business entity?☐ Yes ☐ No**1b. Are any entities subsidiaries of the TPA?**☐ Yes ☐ No

If answer to 1a or 1b is yes, attach a chart showing ALL controlling and subsidiary entity relationships. Include name and description of primary business of each entity. For each controlling entity of the TPA (holder of at least 10% of the stock), complete and attach form FIS 0862 "Third Party Administrator (TPA) Affiliation Statement."

2. Describe all services to be contracted by the TPA. If a service is to be subcontracted, enter name(s) of subcontractor(s). (Attach additional list if necessary)**NOTE: Each subcontractor involved in processing medical claims must also be certified as a TPA.**

	Will contract for	Will subcontract for	Subcontractor name(s)
Surgical	<input type="checkbox"/>	<input type="checkbox"/> →	
Dental	<input type="checkbox"/>	<input type="checkbox"/> →	
Vision	<input type="checkbox"/>	<input type="checkbox"/> →	
Pharmaceutical	<input type="checkbox"/>	<input type="checkbox"/> →	
Disability	<input type="checkbox"/>	<input type="checkbox"/> →	
Long-Term Care	<input type="checkbox"/>	<input type="checkbox"/> →	
Cafeteria Health Plan	<input type="checkbox"/>	<input type="checkbox"/> →	
ERISA plans, not self-funded	<input type="checkbox"/>	<input type="checkbox"/> →	
Stop-Loss	<input type="checkbox"/>	<input type="checkbox"/> →	
Other (describe)	<input type="checkbox"/>	<input type="checkbox"/> →	
Other (describe)	<input type="checkbox"/>	<input type="checkbox"/> →	
Other (describe)	<input type="checkbox"/>	<input type="checkbox"/> →	

3. Describe the facilities to be used by the TPA including location (city and state), square footage, and whether owned or leased.

- &** ALL applicants must also include:
1. A copy of their written service contract [see MCL 550.930(1)]
 2. Form FIS 0850 Financial Statement for Third Party Administrators (TPAs).
 3. A copy of their bylaws in their own name.

Verification

I verify under oath that I am either an officer, member of the Board of Directors, stockholder, partner, or sole proprietor of this applicant Third Party Administrator. I am authorized and directed to file this application for a Certificate of Authority to operate as a Third Party Administrator. I swear under penalties of perjury that the information above and attached is true, accurate and complete.

Signature _____ Date signed _____

Signer's name and title (typed or printed) _____

If your request for authority as a TPA is approved, you will be required by law to report to the Commissioner of the Office of Financial and Insurance Services, any significant change in information given in this application within 30 days of such a change.

PA 218 of 1956 as amended "The Insurance Code" requires submission and verification by Third Party Administrators requesting a Michigan Certificate of Authority. Failure to properly complete and file or amend this form may result in denial or revocation of Certificate of Authority or other compliance action.

Certification of Notary Public

State of _____ County of _____
On this _____ day of _____, 20____, before me, the undersigned notary, personally appeared _____,

personally known to me, or proved to me through government-issued documentary evidence in the form of _____

_____ to be the person(s) who signed the preceding document in my presence and who swore or affirmed to me that the signature is voluntary and the document truthful.

Official seal and signature of notary _____



Complete and attach TPA Fee Processing Card (FIS 0863) and check or money order for \$250.00 payable in US Dollars to: State of Michigan

Mail your completed application with all applicable attachments to:

**Office of Financial and Insurance Services
611 W. Ottawa St.
PO Box 30220
Lansing, MI 48909-7720**